



Community Information			
County/City/Town		Population	
Primary Point of Contact		Secondary Point of Contact	
Name		Name	
Office		Office	
Title		Title	
Mailing Address		Mailing Address	
City		City	
State, ZIP		State, ZIP	
Phone		Phone	
e-mail		e-mail	
Guideline 1: Communications			
Location of 24-Hour Warning Point		Location of Emergency Operations Center	
Verification Team General Notes:			
Renewal Comments:			
		Date:	Initials:
<i>Note: Please do not write in shaded areas.</i>			

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Donna Franklin, National Weather Service, 1325 East West Highway, Room 14456, Silver Spring, MD, 20910.

Statement on confidentiality. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.



Guideline 2: NWS Information Reception Equipment							
Warning Point	# Required	# Verif	Verif	EOC	# Required	# Verif	Verif
<input type="checkbox"/> NOAA Weather Radio (required if in range)			<input type="checkbox"/>	NOAA Weather Radio (required if in range)			<input type="checkbox"/>
<input type="checkbox"/> NOAA Weather Wire (subscription)			<input type="checkbox"/>	NOAA Weather Wire (subscription)			<input type="checkbox"/>
<input type="checkbox"/> EMWIN			<input type="checkbox"/>	EMWIN			<input type="checkbox"/>
<input type="checkbox"/> Law Enforcement Teletype (LETS)			<input type="checkbox"/>	Law Enforcement Teletype (LETS)			<input type="checkbox"/>
<input type="checkbox"/> Amateur Radio			<input type="checkbox"/>	Amateur Radio			<input type="checkbox"/>
<input type="checkbox"/> Pagers* (warning reception)			<input type="checkbox"/>	Pagers* (warning reception)			<input type="checkbox"/>
<input type="checkbox"/> Television (Local network or Cable TV)			<input type="checkbox"/>	Television (Local network or Cable TV)			<input type="checkbox"/>
<input type="checkbox"/> Radio Station (AM/FM) - EAS Reception			<input type="checkbox"/>	Radio Station (AM/FM) - EAS Reception			<input type="checkbox"/>
<input type="checkbox"/> NAWAS			<input type="checkbox"/>	NAWAS			<input type="checkbox"/>
<input type="checkbox"/> Internet (subscription for alerts)_____			<input type="checkbox"/>	Internet (subscription for alerts)_____			<input type="checkbox"/>
<input type="checkbox"/> Commercial Data Service_____			<input type="checkbox"/>	Commercial Data Service_____			<input type="checkbox"/>
<input type="checkbox"/> Other*_____			<input type="checkbox"/>	Other*_____			<input type="checkbox"/>
<input type="checkbox"/> Other*_____			<input type="checkbox"/>	Other*_____			<input type="checkbox"/>
<i>List any additional capabilities on a separate sheet</i>							
*Capabilities needing explanation:							
Verification Team Notes:							
Renewal Comments:							
					Date:	Initials:	
Note: Please do not write in shaded areas.							



Guideline 3: Local Weather & Water Monitoring Equipment							
Warning Point	# Required	# Verif	Verif	EOC	# Required	# Verif	Verif
Anemometer (Wind gauge)			<input type="checkbox"/>	Anemometer (Wind gauge)			<input type="checkbox"/>
Rain Gauge			<input type="checkbox"/>	Rain Gauge			<input type="checkbox"/>
River Gauge			<input type="checkbox"/>	River Gauge			<input type="checkbox"/>
Locally owned Radar			<input type="checkbox"/>	Locally owned Radar			<input type="checkbox"/>
Internet Radar Source _____			<input type="checkbox"/>	Internet Radar Source _____			<input type="checkbox"/>
Internet Weather Station _____			<input type="checkbox"/>	Internet Weather Station _____			<input type="checkbox"/>
TV Radar Source _____			<input type="checkbox"/>	TV Radar Source _____			<input type="checkbox"/>
Other* _____			<input type="checkbox"/>	Other* _____			<input type="checkbox"/>
Other* _____			<input type="checkbox"/>	Other* _____			<input type="checkbox"/>
<i>List any additional capabilities on a separate sheet</i>							
*Capabilities needing explanation:							
Verification Team Notes:							
Renewal Comments:							
						Date:	Initials:
Note: Please do not write in shaded areas.							

Warning Point	# Required____	# Verif____	Verified	EOC	# Required____	# Verif____	Verified
Outdoor Warning Siren(s)			<input type="checkbox"/>	Outdoor Warning Siren(s)			<input type="checkbox"/>
Cable TV Override			<input type="checkbox"/>	Cable TV Override			<input type="checkbox"/>
Plan for Sirens on Emergency Vehicles			<input type="checkbox"/>	Plan for Sirens on Emergency Vehicles			<input type="checkbox"/>
Telephone Tree to Critical Facilities			<input type="checkbox"/>	Telephone Tree to Critical Facilities			<input type="checkbox"/>
Local Alert Broadcast System*			<input type="checkbox"/>	Local Alert Broadcast System*			<input type="checkbox"/>
Local Pager System* (dissemination)			<input type="checkbox"/>	Local Pager System* (dissemination)			<input type="checkbox"/>
Coordinated Area-Wide Radio Network*			<input type="checkbox"/>	Coordinated Area-Wide Radio Network*			<input type="checkbox"/>
Local Flood Warning System*			<input type="checkbox"/>	Local Flood Warning System*			<input type="checkbox"/>
Other*_____			<input type="checkbox"/>	Other*_____			<input type="checkbox"/>
Other*_____			<input type="checkbox"/>	Other*_____			<input type="checkbox"/>

[illegible]

Renewal Comments:		
	Date:	Initials:

Note: Please do not write in shaded areas.

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Guideline 5: Community Preparedness				
Annual Safety Talks				
		# Required	# Verif	
Date	Topic	Location	Speaker	
1				
2				
3				
4				
5				
<i>List any additional safety talks on a separate sheet</i>				
Weather Radio Purchase Program				
Has your community/county developed a program to subsidize the purchase of Specific Area Message Encoder (SAME) equipped Weather Radios for its citizens? (Not required) Yes_____ No_____				
If yes, provide details:				
Other Community Preparedness Activities				
Date	Activity	Location	Organizer	
1				
2				
3				
4				
5				
<i>List any additional activities on a separate sheet</i>				
Renewal Comments:				
			Date:	Initials:
<i>Note: Please do not write in shaded areas.</i>				



Guideline 6: Administrative Tools/Record keeping			Verif	Renewal Year
Formal Hazardous Weather Operations Plan <ul style="list-style-type: none"> ➤ Procedure for reporting storm damage to the local National Weather Service Office in real-time ➤ EOC Activation Procedures ➤ Spotter Activation Criteria ➤ Local Warning System(s) Activation Criteria 			<input type="checkbox"/>	
Warning Point personnel has authority to activate Warning System (written)			<input type="checkbox"/>	
Spotter Roster and Training Record			<input type="checkbox"/>	
Last Visit by Emergency Manager to NWS Office			<input type="checkbox"/> Biennial	
Last Visit by NWS Officials to Community			<input type="checkbox"/> Annual	
Last NWS Spotter Training for Spotters and Dispatchers			<input type="checkbox"/> Biennial	
Last NWS Spotter Training Hosted/Co-Hosted (<i>For populations >40,000</i>)			<input type="checkbox"/> Annual	
Exercises	Topic(s):	Date:	<input type="checkbox"/>	Date: Date:
List any additional descriptions, narratives, or documentation on a separate sheet				
Verification Team Notes:				
Renewal Comments:				
			Date:	Initials:
Signature of Applying Official				
Application Submitted by: (print name):				
Office:			Title:	
Signature:			Date:	
NWS Personnel Receiving Application (print name):				
Date Received:				
Note: Please do not write in shaded areas.				